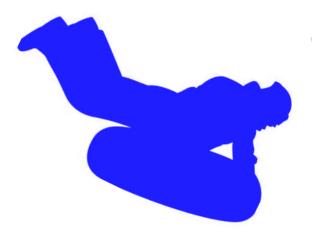
## **Gaithersburg Youth Center/Student Union Trip (Grades 6-12)**



# **SNOW TUBING**

Mon, Feb 18 9am-4:00pm



#### **Registration Information:**

Return Permission Slip & Payment to City of Gaithersburg:

Activity Center/GYC Trip 506 S. Frederick Ave. Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the **City of Gaithersburg**. Visa, Discover, Master-Card, & AMEX accepted.

BOULDER RIDGE TUBING 78 COUNTRY CLUB TRAIL CARROLL VALLEY, PA 17320 ACTIVITY CENTER AT BOHRER PARK 506 S. FREDERICK AVE. GAITHERSBURG, MD 20877

THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT BOHRER PARK AT 9:00AM AND RETURN PARTICIPANTS WILL RETURN TO THE ACTIVITY CENTER AT BOHRER PARK BY 4:00PM

### PLEASE COMPLETE THE WAIVER ON REVERSE SIDE:



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350 Gaithersburg Parks, Recreation & Culture - Move...Play... Grow

	Snow Tul	oing 2/18/19 -	7160				
Parent's Last Name	Parent's First Name						
Address Cell Phone	City/State/ZipEmail						
Participant's Name	Birthdate M/D/Y	<b>Activity Name</b>	Activity #	Date	Grade	School	Fee
		<b>Snow Tubing</b>	7160	2/18/19			\$45
I hereby grant permission for me/my of for my/my child's insurance in case of Gaithersburg, employees and agents of program. I also consent to the City's a	f injury. Furthermore, I u will not be responsible for	nderstand that althou any personal proper	ugh safety pred ty lost by me/i	cautions w	ill be obser	ved, the City o	of .

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y \( \) N \( \)

Please specify:

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$	Cash □	Check #			Office Use Only: 7160			
Visa/MC/DISC/AMEX#			_ Exp. Date	_/	Rec'd:	Initials		
Signature (name on card)					WPMF	Resident: Y N		
Print Name					Pr:	Date:		

## BOULDER RIDGE, WHITETAIL ADVENTURE & ROUNDTOP TUBING RELEASE & ASSUMPTION OF RISK AGREEMENT

<u> </u>	ELEKBE & RESONT TIO	NOI ROK HOL	CELIVIEIVI	
NAME:	Please Print	DATE:	Tubing Date	
	Please Print		Tubing Date	
ADDRESS:				
E-MAIL:				
GROUP NAME (	if applicable):			
risks that could lead to serie at various rates of speed; co fencing, snowmaking and variations in terrain and stee	by understand and agree that the rous injury or death. These risks in ollisions with other tubes, participa grooming equipment; collisions epness of terrain; varying surface co se of deceleration devices; and the	nclude but are not limit ants, or spectators; col with natural objects; anditions such as: ice,	ited to: falling out of the tube; tra llisions with man-made objects si collisions with associated equi	aveling uch as: pment;
agree to read, understand, it posted at the tubing area. I	e tubing area, tubing slope, tubes follow or ask for explanation of al understand that I can ask for and wifthe same. I further understand an tubing slope.	Il the rules, policies, a will receive instruction	and tubing responsibility codes to as on the use of the tubing slope a	hat are and the
I accept for use, AS IS, the	e tubing area including the tubing s	slope, tubing lift, tube	s and other associated equipment	t.
	ging and agreeing to all of the ris is involved in the sport of snow t		y agree to expressly and volu	ntarily
Mountain Resort, I HEREI WHITETAIL MOUNTAI AND PEAK RESORTS, I LIABILITY RELATED T PRESENT OR FUTURE PART OF THE RESORT CAUSE ENFORCEABLE FROM ANY CLAIM FOR MY SPOUSE'S USE OF T	Nowed to use the tubing area at Libby AGREE NOT TO SUE AND IN OPERATING CORP., SKI RESEARCH NC., AS WELL AS THEIR AGE OF THE TUBING FACILITY, INCLUDING GROSS NEGLICATION OF THE TUBING FACILITY RELATED TO INTHE FACILITIES, REGARDLITY SENDER AGREEM AND AGE TO USE AND AGE TO SENDER AGREEM AGE OF THE FACILITIES, REGARDLITY SENDER AGE OF THE SENDER AGE OF	TÓ RELEASE, SKI COUNDTOP OPERA ENTS AND EMPLO S OR OTHERWISE ITY, REGARDLESS GENCE, IMPROPE EE TO INDEMNIFY NJURY AS A RESU ESS OF ANY NEGL	LIBERTY OPERATING COLUMN TIME, SYEES FROM ANY AND ALL RELATED TO ANY PAST, SOF ANY NEGLIGENCE ON R CONDUCT OR ANY OTHE AND DEFEND THE SAME, LT OF MY, MY CHILD'S AN IGENCE. I hereby grant permis	THE ER ID/OR ssion
in which the incident occurr that this agreement is gover is determined to be unenfor	ing under this contract shall be litig red or in the United States District ned by the applicable laws of the C ceable, all other parts shall be give above, I will not use the tubing fa	Court for the Middle ! Commonwealth of Per en full force and effect	District of Pennsylvania. I furthe nnsylvania. If any part of this agre	r agree
I, the undersigned have read	d, understand and agree to be legal	ly bound by the above	e release agreement.	
Tubing participant signature	e: If a minor (under 18), the signature	e of a parent or guardi	Date an is required below)	

Parent or Guardian Signature: